

**TOWN OF WARREN**  
**VOLUNTARY HISTORICAL PRESERVATION TAX PROGRAM**  
**Town, State & Federal Tax Savings Examples**

**CASE STUDY:**

- \$100,000 Historical Property Value
- \$ 10,000 Project Expense
- \$ 2,000 Annual Warren Taxes (\$100,000 x \$20.00 tax rate)
- Property located in National Register of Historic Places which is in the Warren Voluntary Historical District and designated a contributing element of the District.

**EXAMPLE I: (single family; owner occupied) (combined tax savings: \$3,000 or 33% savings)**

- Warren:      - \$10,000 x .04 = \$400.00 annual approved tax credit  
                  - \$400.00 x 5 years = \$2,000 total real estate tax credit over five (5) years
- State:        - \$10,000 x .10 = \$1,000 Rhode Island State income tax credit
- Federal:     - N/A

**EXAMPLE II: (two family; owner occupied one floor) (combined tax savings: \$3,500 or 35% savings)**

- Warren:      - \$10,000 x .04 = \$400.00 annual approved tax credit  
                  - \$400.00 x 5 years = \$2,000 total real estate tax credit over five (5) years
- State:        - \$10,000 x .10 = \$1,000 x .5 (50% owner occupied) = \$500 Rhode Island State income tax credit
- Federal:     - \$10,000 x .20 = \$2,000 x .5 (50% income producing) = \$1,000 Federal income tax credit (NOTE: Federal also allows credit for interior work)

**EXAMPLE III: (two family; absentee landlord) (combined tax savings: \$4,000 or 40% savings)**

- Warren:      - \$10,000 x .04 = \$400.00 annual approved tax credit  
                  - \$400.00 x 5 years = \$2,000 total real estate tax credit over five (5) years
- State:        - N/A
- Federal:     - \$10,000 x .20 = \$2,000 Federal income tax credit

<b>NOTE:</b>	<b>Minimum Project Expense</b>	<b>Fees</b>
Warren	\$ 2,000	N/A
State	\$ 2,000	\$ 50.00
Federal	\$ 5,000	<\$20,000 = N/A; >\$20,000 = \$250

Town of Warren  
Warren Voluntary Historic Preservation Program  
541 Main Street  
Warren, RI 02885

# **CERTIFICATE OF APPROPRIATENESS** **Resolution of Findings and Motions made by the WWHDC**

1. Property Address \_\_\_\_\_ Plat # \_\_\_\_\_ Lot # \_\_\_\_\_

2. Applicant's Name: \_\_\_\_\_

Address \_\_\_\_\_

3. Work Category (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Additions/secondary structures   | <input type="checkbox"/> projects not requiring a construction permit |
| <input type="checkbox"/> Alterations/minor modifications  | _____ hardware & electrical   |
| <input type="checkbox"/> Shutters, siding, windows, doors | _____ storm windows, storm doors                                      |
| <input type="checkbox"/> Moving of structures             | _____ maintenance   |
|   | _____ Removal   |
|   | _____ Reconstruction  |
|   | _____ Paint removal/lead paint/stain                                  |
|   | _____ Windows, doors  |

4. Property/Structure Description:

- ☐ Contributing/non-contributing \_\_\_\_\_
- ☐ Architectural style \_\_\_\_\_
- ☐ Statement of significance: \_\_\_\_\_

5. Decision

- |   |   |
|---|---|
| <input type="checkbox"/> Approved as submitted    | <input type="checkbox"/> pre-application advisory opinion |
| <input type="checkbox"/> Approval with conditions | <input type="checkbox"/> conceptual project findings      |
| <input type="checkbox"/> Application Denied       |   |

The WARREN VOLUNTARY HISTORIC DISTRICT COMMITTEE deny/approve the application for a Certificate of appropriateness for the property noted above. This is consistent with the Town of Warren's Standards & Guidelines particularly

Items # \_\_\_\_\_ for the reasons/conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if continued on additional page(s)

Date of Hearing: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Chair/Vice-Chair (signature) \_\_\_\_\_ (date) \_\_\_\_\_

**Acknowledgment by Applicant/Owner:**

All work will be completed as shown on the approved plans and specifications as filed with this Committee. Stamped plans together with this certificate are required by the Building Official before any construction permits are issued or construction fees canceled. Changes to the approved plans and any additional work not reviewed must be approved by this Committee. This Certificate is valid for six (6) months from the date of approval. By signing below, the applicant certifies that he/she understands and agrees to comply with all amendments of conditions imposed by this Committee

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Building Official Action:**

Date Building Permit Issued \_\_\_\_\_ Signature \_\_\_\_\_  
Construction Permit Fees canceled \$ \_\_\_\_\_

The final inspection for this approved project was performed on \_\_\_\_\_ as to the Maintenance or rehabilitation of said historic property which conforms to the guidelines as set forth by the terms of Chapter Four, article VIII of the code of the Town of Warren.

Date Project Expense Receipts Received \_\_\_\_\_  
Total Project Expense Approved \$ \_\_\_\_\_ Signature \_\_\_\_\_

**Tax Assessor Action:**

The approved project and project expenses conform to the Warren Voluntary Historic Preservation Program guidelines. An annual tax credit of \$ \_\_\_\_\_ will apply for \_\_\_\_\_ years totaling \$ \_\_\_\_\_ beginning with the tax year beginning \_\_\_\_\_.  
Signature \_\_\_\_\_

**TIME LIMITS:**

All approved Certificate of Appropriateness applications shall expire automatically six (6) months after date of approval unless a building permit has been issued and work begun unless an extension has been granted by the Warren Voluntary Historic District Committee prior to its expiration.

**STATEMENT OF RIGHT TO APPEAL**

Any person or person jointly or severally aggrieved by a decision of this Committee shall have the right to appeal concerning such decision to the Voluntary Historic Preservation Board of Appeals within twenty (20) days after the filing of notice in the Program Manager's records of the Town of Warren, Rhode Island. Procedures used in filing such an appeal shall be identical to the procedures used in filing an appeal from action of the Building Official.

**FILING & AVAILABILITY OF RECORDS**

This document shall be attached to the application for a building permit and kept in the records of the Town of Warren's Building Official. A copy of this and all other documents associated with this Certificate of Appropriateness Findings & Motions shall be kept in the records of the Program Manager, Warren Town Hall, 541 Main Street, Warren, RI 02885 and are available for public inspection and reproduction.



Town of Warren  
Warren Voluntary Historic Preservation Program  
541 Main Street  
Warren, RI 02885

## CERTIFICATE OF APPROPRIATENESS

Application for Warren real estate tax credit and construction permit fees cancellation

(The completed application must be received not later than 10 days prior to next regularly scheduled monthly meeting of the Warren voluntary Historic district Committee.)

1. Property Address: \_\_\_\_\_ Plat # \_\_\_\_\_ Lot # \_\_\_\_\_

2. Applicant's: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

3. Owner's: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

4. Contractor's: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

5. Designer's: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

6. Approval requested: (check one) Conceptual \_\_\_\_\_ Pre-Application \_\_\_\_\_ Final \_\_\_\_\_

7. Work Category (please check all that apply)

- ( ) additions/secondary structures
- ( ) alterations/minor modifications
- ( ) shutters, siding, windows, doors
- ( ) moving of structures

- ( ) projects not requiring a construction permit
  - \_\_\_\_\_ hardware & electrical
  - \_\_\_\_\_ storm windows, storm doors
  - \_\_\_\_\_ maintenance
  - \_\_\_\_\_ removal
  - \_\_\_\_\_ reconstruction
  - \_\_\_\_\_ paint removal/lead/paint/stain
  - \_\_\_\_\_ windows, doors

8. Description of Project:

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☐ Check here if continued on separate page(s)

9. Included with application (check those submitted) 10 copies required

A. Photographs:

☐ overview of property ☐ details to be altered ☐ overview of building  
☐ other (identify)

B. Drawings (to scale):

☐ site plan ☐ exterior elevations ☐ floor plan ☐ details

C. Other:

☐ renderings ☐ specifications ☐ catalogue cuts ☐ other (identify)

APPLICANT'S NAME \_\_\_\_\_

(please print)

Applicant's Signature \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

(please print)

Owner's Signature \_\_\_\_\_

OFFICIAL USE ONLY – Program Manager's Office

Received (date): \_\_\_\_\_ Signature \_\_\_\_\_

Program Manager Review: Date: \_\_\_\_\_

Signature \_\_\_\_\_